

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | BW       | 70591  | 12/10    |
| O.I.P.E. CLASSIFIER       |          | 8      | 12-12-99 |
| FORMALITY REVIEW          | DW       | 72346  | 1-7-00   |
| RESPONSE FORMALITY REVIEW |          |        |          |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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